



## REQUEST TO IMPLEMENT A BROADBAND PAY ADJUSTMENT Form A

*\*\*This form must be submitted to the Office of Human Resources for review and routing approval.*

**Date Submitted:** Click here to enter a date.

### EMPLOYEE INFORMATION

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**Name:** Click here to enter text.      **Employee ID#** Click here to enter text.

**Position #:** Click here to enter text.      **Position Title:** Click here to enter text.

**Division:** Click here to enter text.      **Work Unit:** Click here to enter text.

**Is the position included in a bargaining unit?** ☐ Yes      ☐ No      *If **YES** contact HR Bureau chief*

**Is this a supervisory position?** ☐ Yes      ☐ No (if yes, list positions supervised)

**Position #'s of those supervised:** Click here to enter text.

### PAY INFORMATION

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**Current Base Pay Rate:** Click here to enter text.      **Proposed Base Pay Rate:** Click here to enter text.

**Proposed Amount Change:** Click here to enter text.      **Change Effective Date:** Click here to enter a date.

#### Type of Pay Change Requested:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Strategic Pay  | <input type="checkbox"/> Pay for Performance | <input type="checkbox"/> Results Based Pay     |
| <input type="checkbox"/> Competency Adjustment  | <input type="checkbox"/> Situational Pay     | <input type="checkbox"/> Classification Change |
| <input type="checkbox"/> Retention Based Pay ( <i>Please complete Form B in addition to Form A</i> ) <input type="checkbox"/> Other (specify) _____ |  |  |

### JUSTIFICATION

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**Describe below how the subject was determined to be eligible for this pay adjustment:**

Click here to enter text.

## APPROVAL

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### Requesting Supervisor Certification & Approvals

- ☐ I certify this employee has acceptable performance confirmed by a current performance appraisal
- ☐ I certify that funds are available within our Division budget to pay for this request
- ☐ I am requesting additional budget authority to fund this pay request
- ☐ I certify that I, the requesting supervisor, have reviewed and understand [DOC Policy 1.3.6, Pay Plan Rules](#) prior to signing.

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Requesting Supervisor

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Division Administrator

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Budget Analyst

## HUMAN RESOURCE REVIEW

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**Current Classification** (*job code and title*): `Click here to enter text.`

### Comparable Positions within Corrections:

Employee Name	Position #	Job Code	Job Title	Location	Base Pay

### Market Information:

Market Entry	Market Mid-Point

### Human Resources Comments and Recommendations:

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Human Resources Administrator or Designee

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Date

## FINAL APPROVAL

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- ☐ I approve this pay adjustment.

☐ I do not approve this pay adjustment.

☐ I approve this pay adjustment as modified below:

Approved Base Rate	Effective Date

\_\_\_\_\_  
Department Director or Designee

\_\_\_\_\_  
Date

*This completed form must be sent to COR Budget, COR Payroll and personnel file.*



## REQUEST TO IMPLEMENT A BROADBAND PAY ADJUSTMENT

### Form B

*\*\*This form must be completed in detail by the **requesting supervisor** when the nature of a pay change request is retention based. The form must be submitted to the Office of Human Resources for review and routing approval with additional or supplemental information attached.*

**Describe below the competencies of the employee who is to receive the pay adjustment:**

[Click here to enter text.](#)

**Justify the recruitment and retention issues of the employee's current position:**

[Click here to enter text.](#)

**Describe the salary rates of comparable Department positions, if applicable:**

[Click here to enter text.](#)

**List the established work unit career progression plans, if available:**

[Click here to enter text.](#)

**Is the pay adjustment feasible with the agency's budget? If so, describe how funding for the pay adjustment will be acquired:**

[Click here to enter text.](#)

☐ **The above issues have been discussed, in person, with a Human Resource Specialist**

☐ **The above issues have been discussed, in person, with the agency's Budget Analyst**

\_\_\_\_\_  
Requesting Supervisor

\_\_\_\_\_  
Division Administrator

\_\_\_\_\_  
Budget Analyst

**Human Resources Comments and Recommendations:** [Click here to enter text.](#)

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Human Resources Administrator, or Designee

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Department Director, or Designee

*This completed form must be sent to COR Budget, COR Payroll and personnel file.*